

Sawbones 352: COVID-19: The Final Mile

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I am your cohost, Justin McElroy, and boy does it feel good to be in 2021.

Sydnee: And I'm Sydnee McElroy. I would like to remind you that, you know, time is an artificial construct and...

Justin: That is not— now, Sydnee, that is not how you actually feel.

Sydnee: [laughs]

Justin: You said to me yesterday, you said— I said, "You know, I know it's just a day rolling over on the calendar," but you know what you said? Tell people what you said.

Sydnee: I said that it may just be a symbol, but symbols are important to the human brain. And I have a human brain, so...

Justin: There it is.

Sydnee: Yes.

Justin: So, yes.

Sydnee: No, I was just being a contrarian, of course I—

Justin: Don't be a contrarian! We have enough— we left that in 2020! This is 2021, it's a bold new future.

Sydnee: It's just early and the kids were very loud this morning.

Justin: Oh my god, they were so loud.

Sydnee: Were they especially loud?

Justin: They were especially loud.

Sydnee: I think—

Justin: Or we drank especially too much champagne last night.

Sydnee: Too much champagne last night, and in 2021 our children, it turns out, their volume got turned up.

Justin: Is it a holiday?

Sydnee: They're living out loud.

Justin: It was a holiday for Burger King this morning, when I tried to go through the drive-thru. It's Burger King for Taco Bell. But it's not a holiday for Sawbones. We don't get to take a break. Except for last week, when we took a break.

Sydnee: But not now.

Justin: Not now!

Sydnee: It's like Jolly Pirate Donuts, which was not— it was not a holiday there.

Justin: Never a holiday there, no. No. As they said on their Facebook page, they are open all the time. Except for Christmas and Thanksgiving.

Sydnee: [laughs]

Justin: But other than that, if you want your Jolly Pirate fix, you can get it there.

Sydnee: And we did.

Justin: Listen. It's a— why are we so giddy? Well, it's not just because it's 2021. Although that is part of it.

Sydnee: Yes.

Justin: It's because the... you know, we're wrapping up COVID. [laughs]
That sounded bad to even say it.

Sydnee: Well, I— we're not— okay. I think that there is a way to talk about it—

Justin: We're not okay, that's accurate. I agree with you saying we're not okay. [laughs]

Sydnee: I think that there's a way to talk about it that is both optimistic and realistic. I think you can be both at once. It is true that the vaccines are— that's a huge, hopeful thing that is happening that is moving us towards a time where we can put this in our rear-view mirror.

Justin: Right.

Sydnee: But it is also very accurate that we are quite in the middle of it, still.

Justin: The fact that we are in it does not negate the fact that we can see the end of it.

Sydnee: No.

Justin: And the fact that we can see the end of it does not negate the fact that we are in it. [laughs]

Sydnee: [laughs]

Justin: These two things are true simultaneously.

Sydnee: Yes. Because even though—

Justin: It's like Taylor Swift said.

Sydnee: Uh huh. Go ahead.

Justin: I was happy... I was happy before— I was happy... you made me happy? And I was happy after you? Both these things can be true. Something like that.

Sydnee: You know what I love? I love to hear you quote Taylor Swift lyrics that you heard me try to quote after I heard Rileigh quote them. I like that.

Justin: It's a game of telephone we're playing.

Sydnee: It's a game of telephone with Taylor Swift lyrics. [laughs]

Justin: It's a game of Taylorphone we're playing.

Sydnee: [laughs]

Justin: It's a classic party game. Taylorphone.

Sydnee: We wanted to talk a little bit, before we— this is sort of like, I know it's our first episode of the new year. In my head it was also, like, closing of the old year.

Justin: Right.

Sydnee: We've talked a lot about COVID and I'm not saying we're never gonna talk about it again, because again, it's not over.

Justin: It ain't over.

Sydnee: And there may be new things to address. I would like us to be able to also do some more... regular, not reg-lee-ar.

Justin: Not reg-lee-ar.

Sydnee: We're not gonna say it like our kids say reg-lee-ar, we're gonna try to say regular in 2021.

Justin: Yeah, we got into a bad habit of saying regular the way our kids say it, which is reg-lee-ar.

Sydnee: Because it's so cute.

Justin: It's really cute, but then we just started doing it, like, when the kids weren't in the room and it was just us talking to other adults.

Sydnee: Also, Charlie now says regular, so.

Justin: Yes, she has moved on. [laughs] So, that's our new year's resolution.

Sydnee: And we look weird. But anyway, I do wanna do some of those, but I have gotten a ton of questions about— and Justin you've asked me

some of these, and also people that I know and love and work with and all those have been asking a ton of questions about how do I get the vaccine?

Justin: Yes.

Sydnee: Like, what is happening? And we've seen a lot of news reports about the vaccine rollout not going as well as it should.

Justin: Because of people not up-taking as often as you'd like them to.

Sydnee: A lot of hesitancy and then a lot of, uh, I do want the vaccine but I can't find a way to get it, and then we're hearing these really wild stories about people intentionally... destroying vaccines.

Justin: Destroying vaccines.

Sydnee: And then, yes, we will talk about what happened in West Virginia.

Justin: Oh, boy howdy.

Sydnee: Which made national news...

Justin: What a great reason to get on the radar.

Sydnee: It's so embarrassing. Um, but I think— and I'm not gonna have all the answers to these questions, just to preface, because there aren't—I don't think there are answers to some of these questions. I don't think people know yet.

Justin: So, this was the conversation that Sydnee and I had. We wanted to do an episode where I was like, Syd, we had this wild experience with— I mean, do you wanna talk about the experience with GPD and how that's— because that made me really think, like, I kept on asking Sydnee these questions and she kept saying, like, "We don't know. I don't know, we don't know, there is not a plan." And I thought, well, let's equip people with at least as much as you, a physician, knows. Maybe at least they'll be a little bit better equipped.

Sydnee: So, the situation that happened here is, I think sort of in the middle of the day, a lot of our county health departments got a shipment of vaccines that the governor had decided were slated for people who are

80 and over and not in some sort of long-term care or nursing home facility, something like that. And, uh, the health departments had to figure out how to get messaging out very quickly to everybody, like—

Justin: Like, that day.

Sydnee: Like, that day. Like, that moment. We have this vaccine, here's who qualifies for it, come get it. And unless you were paying really close attention, one, that the governor had made this announcement in the middle of the day and two, that your local health department had the vaccine and was allowing people who were 80 and above to come get it, if you weren't tuned into those things, you would have no idea.

So, because I was tuned into those things, because I have been looking for those things, I was able to contact my grandfather, Grandpa Dan, who is 87, and say, "Hey, they have this vaccine." And the other thing is they were so intent, like, we need to get these out as quickly as possible, which is good, that should be everybody's attitude, that they were staying open past business hours to continue to hand out the vaccine. Which is not something you would necessarily know was going on, but because of this, my grandfather drove down to the health department, walked in and said, "Hey, do you have vaccines?" and they were like, "Absolutely, come on back. You're 87, you get one." And he got vaccinated. In the evening, after they should have closed.

So like, this isn't stuff that you would know to do if you weren't like, keyed in, paying attention, following and looking for this to happen. But, the whole process of that seemed so wild.

Justin: Yes.

Sydnee: Like, that is not— surely this was not the plan. And, so then you start trying to figure out what is the plan. And I think the answer is, there wasn't a plan. I know at other health departments— and all I know is our state, I don't know what is happening elsewhere in the country, but I know at one of the other county health departments, they received their doses, they put word via social media that they had these doses, but the way that they worded it apparently left out the very important fact that they were only for people 80 and above.

So, that health department had, like a line around the block of people who wanted the vaccine, so anybody, and so I think they just ended up

giving it out to whoever showed up, because they felt so bad cause the messaging was their fault. So, anyway... [laughs] the point is...

Justin: Yeah. And there's another factor to consider, which is something I have called the Frosty effect. Can I tell you the Frosty effect?

Sydnee: Please.

Justin: Okay, imagine that you got 100 Frostys and your parents were like, give these out to old people, right? So, you gave them to first 70 old people that you found. Well, now I have 30 Frostys, and folks, let me tell you something about Frostys, as somebody who has kids. You can't refreeze a Frosty.

Sydnee: No. This is true.

Justin: It don't work. It don't fly. You can't refreeze it. And if it melts, it's not a Frosty anymore, its something far more profane. So, you have 30 Frostys. If you start giving those to people who aren't old, you aren't wasting the Frosty for anybody, because you can't refreeze 'em.

So, there's also this question of like, "Okay, well we have these doses, they're unfrozen, we found 70 old— senior citizens to give them," I shouldn't say old people, "70 80+ people to give them to. We have 30 doses, like... " and I think that's gonna be because of the rollout is so... whatever it is, that that will be an ongoing thing. "Hey, there's just some doses that are going to go to waste otherwise."

Sydnee: Well, I think the Frosty metaphor is really apt, because they are cold and they are getting thawed and then they do have to be used. And I think the only thing I would add to that is if there was some sort of important protective effect that happened when enough people ate Frostys, [laughs] that's the other thing. Everybody who eats a Frosty is improving, like, we're all protected by the people who got Frostys.

Justin: Just say, like, happiness. Just like, we're all a little bit happier, no matter who gets a Frosty. You know?

Sydnee: [laughs] The average level of happiness.

Justin: Teacher says, any time someone eats a Frosty an angel gets its wings.

Sydnee: So, and like I said, I don't know if its just our state, but it seems from at least the national news articles that the rollout is not going exactly as we—

Justin: Listen, I've been following the COVID thing in a lot of states, as have you. There's a lot of states getting buck wild, I guarantee West Virginia's not the only one that's getting a little silly with this.

Sydnee: So, there's the problem of, I don't think there was a distinct plan, and I think that things are sort of happening quickly and... strangely. And I think there's also, there are a lot of people who are refusing it, which is pushing— like, we're going further down lists than maybe we expected to so soon. So like, we had— I will say, like, for all that criticism, the hospitals have a plan and are going through it very systematically. You know, everything seems to be—

Justin: For their staff, you mean?

Sydnee: Yeah. And it seems to be rolling along just fine. Like, very smoothly. I was contacted very promptly about getting my vaccine, although I obviously did not go get it, because I've already had the AstraZeneca vaccine through the trial I'm in. But it's been very smooth.

Because the other part of this that's important for all the states is not only not wasting doses, which is obviously crucial. The way it works is if your state is not using up your allotment of vaccines from week to week, then the next week's allotment will be smaller. They're not just gonna keep sending vaccines to West Virginia so that the governor can stockpile them along with all of the cares funding that he has stockpiled. That's a little political humor for West Virginia listeners. They're not just gonna keep doing that so that Jim Justice can keep them in his basement. And they won't do that for any other state either. So, if you're not using them, you're not gonna get so many. And that's bad, right?

Justin: Bad.

Sydnee: So, it's important we use them.

Justin: Yes.

Sydnee: So, what is available right now? That is the first question. What vaccines are available?

Justin: I got this. Pfizer and Moderna.

Sydnee: Yes.

Justin: In the US. AstraZeneca has got approval in the UK, but not Europe.

Sydnee: Yes, that is correct.

Justin: And not here yet. There was a story from some official that said—

Sydnee: The— um, the guy who's in charge of Operation Warp Speed.

Justin: Mm, said AstraZeneca wouldn't get approval in America. Which is the vaccine that America has bought into the hardest, right?

Sydnee: That was the one we initially bought by far the most doses of. AstraZeneca. Moncef Slawi, I believe, was his name?

Justin: He was saying that won't be approved until April. That said, we're going to have a new administration in January, so let's see how that goes and changes things.

Sydnee: And it's ultimately up to the FDA.

Justin: Yep.

Sydnee: Which is an independent body.

Justin: Well? Hmm. Mm.

Sydnee: In theory.

Justin: Well? Hmm?

Sydnee: So, that hopefully—

Justin: [laughs]

Sydnee: I hope that that is sooner. I hope that timetable gets moved up.

Justin: Me too.

Sydnee: Because that is also the vaccine that— Moderna and Pfizer vaccines, while great and very effective and very safe and I totally endorse both of them, a benefit of the AstraZeneca/Oxford vaccine, whichever you prefer to call it, is that it can be stored in a refrigerator. And so, it will be a lot easier to get to—

Justin: We don't have the Frosty effect there.

Sydnee: Yes. It will be a lot easier to get to remote parts of—

Justin: It's more of a pizza effect.

Sydnee: —the country and the world. It's cheaper and its easier for, um, I mean, we live in a rural state. That's important. It's not just, you know, when you— there are parts of the US that need these, too. Anyway, so those are the vaccines that are available.

They're coming in shipments to, um, they are assigned distribution sites within your state, and it's usually hospitals. Health departments are probably getting them as well. And then there may be other medical facilities, like nursing homes, long-term care facilities, that are getting them.

So, that is the plan. And there were assigned distribution sites in each state. Now, as far as who assigned them, it's gonna be state by state. Like, everything at his point, like, there were the CDC guidelines, [laughs] where they came out and said, "Here's how we recommend you should get it to," okay?

Justin: Okay.

Sydnee: Everybody over 16. And here's the order that we recommend. Okay? First, healthcare workers. Then, it kinda moves into everybody who's over a certain age and frontline workers and essential workers— like, it all starts to mingle together. Because we have these, um... we have multiple goals.

We want to protect the most vulnerable who are our elderly and people with underlying chronic health conditions, but we also want to preserve our healthcare workers, who have the most exposure. But we also need to maintain essential infrastructure, you know, that's all of our essential workers and services, right?

Justin: Yes.

Sydnee: And so, we're trying to meet all of those goals, recognizing that they're all essential. They're all a priority. You know, how do you rank one above the other?

Justin: Yeah.

Sydnee: Which is why the CDC set out, "Here are our recommendations and you can interpret them in a way that best suits your community." And whenever you do that in the United States of America, things get buck wild.

Justin: [laughs]

Sydnee: Because each state is interpreting it in their own way, each county is interpreting it in their own way, I would say each business, each hospital, each facility is interpreting that in their own way. There are a lot of interests that start to get— that become part of the equation.

Justin: Yeah.

Sydnee: There were people who argued, um, I think Nate Silver was one of the most prominent voices, that we should be, like, from a statistical standpoint, we should just go age down. Like, start at our oldest citizens and keep moving down as people will take it, based on the idea that they have the highest mortality from COVID.

What you have to balance that against, though, is that if you have someone who has been, like, self-isolating, even if they are high-risk, if you have a healthcare worker who is younger and perhaps at lower risk but they are constantly in contact with people who have coronavirus, who—

Justin: Right. What's the risk, yeah.

Sydnee: Who is the priority? Because the other thing is, if all of your healthcare workers get sick or are quarantined, who takes care of everybody? There's a whole other problem.

Justin: We're also not just vaccinating people so they don't die, we're vaccinating people to stop the spread of coronavirus and get to a point where it's manageable for us as a society.

Sydnee: Right.

Justin: And so that— it's like you said, the Frostys make everybody happy.

Sydnee: Exactly.

Justin: So, we need everybody to have a Frosty.

Sydnee: So, with all that in mind, I want to talk about a little bit about what is going wrong, but also what you can do. I wanna empower you with a few things. I don't have all the answers, because I don't think anyone does, but I think that there are some things you can do to be proactive if you wanna protect yourselves and those around you. But before we do that, we gotta go to the billing department.

Justin: Let's go.

[ad break]

Justin: Okay Syd, equip me for this, uh, hard scrabble future where I'm just cruising the streets yelling, "Vaccines! Anybody got a vaccine?"

Sydnee: So, here is a really easy thing you can do. The reason that all of our county health departments were scrambling to try to hand out these doses of Moderna vaccine that they got to people 80 and above is because they didn't have— like I said, it came in the middle of the day and nobody knew exactly how to get the word out to the right people that a vaccine was available. If you go on Facebook, your county, your local health department probably has a Facebook page.

Justin: Mm hmm. And it's probably weird. [laughs] It's probably, uh, run in such a way that does not seem like how a regular Facebook page would be run. That is my guess.

Sydnee: I would follow it, were I you. I am now following all of our local health departments on Facebook, all of the counties surrounding me, because there are a lot of people I'm trying to look out for. Uh, so follow all those Facebook pages. They have websites, I mean, certainly, but I don't know, again, um, county health department websites don't always get updated constantly.

Justin: Yup.

Sydnee: So, something like a Facebook page or if they have a Twitter account, that— man, that would be a cool health department. I don't think ours has a Twitter account.

Justin: No. Maybe I could run the Twitter account for them.

Sydnee: [laughs] But some sort of social media would be a great way to keep yourself informed, especially if you are older or have a chronic underlying illness that may put you higher on the list. You know. You should be vaccinated before people who are younger or healthier, and so you need to know. So, that is one way that you can keep yourself informed. Because they're not going to just call.

That was a big question, like, are they just gonna— are you gonna get a text message form, like, the governor to tell you that it's time to get your vaccine?

Justin: "It's your moment!"

Sydnee: [laughs] No. You're not, unfortunately. But that is one way you can do it. If you do have a government official who is doing, like, regular press conferences, like our governor does a press conference like, every other day now. He was doing them every day for a while. They're wild, by the way. If you are ever bored... [laughs] tune in for one of Jim Justice's press conferences.

Justin: Y'all, it's a wild, just a spinning wheel of a man who is... just... comedically out of his own depth.

Sydnee: Yes.

Justin: Who would like to talk about anything else other than COVID, and every once in a while will be like, [mumbles] "Well, we got a prayer breakfast coming up..." [laughs] "in a few months..."

Sydnee: He talks about— he'll talk about what old movies he was watching last night and show pictures from that.

Justin: Yeah!

Sydnee: And like, there was a picture of a trout with a Santa hat on in one of his slides, and we spent a lot of time on that. And then he referenced Ghostbusters 2. Anyway...

Justin: Yeah... anyway, watch a Jim Justice press conference. I mean, the fact that— I mean, he's just so ill-equipped for the situation he finds himself in. If he weren't—[laughs] such a genuinely bad person—

Sydnee: if you're not a West Virginian... um, it might be funny.

Justin: If he weren't such a bad person, you'd feel bad for him.

Sydnee: But if you have someone in your state who is doing this— because sometimes they change the recommendations, and like, this whole idea of giving the vaccine out to 80 and above was not an idea until he said it in this press conference and sent them out, and all of this happened in the middle of the frickin' day. So, you have to be watching these things closely. Especially, like, in my case, my Grandpa Dan was not gonna be able to find out about this on his own.

Justin: No.

Sydnee: He was relying on his other family members who are a little more tech-savvy, a little more plugged-in, to help him navigate this situation. And if you have people in your life who similarly may be not able to find that information on their own, you know, help them out.

Justin: Before— and I'm sure you have a lot of other great information. I wanna set the table in way for something that I fell like we didn't hit the nail on the head on. And I've read a lot about this and I know that you have too, but in case you were unaware, I wanted to like, sort of, Sydnee said something about how like, the extent to which this is an unprecedented catastrophe, like, the entire thing is unprecedented in our lifetimes.

Sydnee: Yes.

Justin: There is no one who has experience with this, like, in how to do it. And we are also, speaking of unprecedented times, we have a federal government that is so dysfunctional and handicapped by the terrible leadership that it has that it is barely functional. And those two things are happening at the same time. You cannot, must not, like, expect the government to— it is going to be the Wild West. Like, it is going to be the Wild West, because there was no funding given for this final mile of COVID vaccine distribution, there's not a plan.

Sydnee: And I think it's important to remember, you said, like, there's nobody who is gonna— who knows how to do this. We have experts who have the knowledge base, the experience, the understanding of the logistics and the science and all that, who can guide this, but there aren't that many. For something like this, there's only gonna be a handful of people who have, like the experience and knowledge to be able to know how to respond to something unprecedented. And they're probably not, like, evenly distributed throughout all of the states, unfortunately.

Justin: Probably not one of them leading every country health department.

Sydnee: Exactly. Which is why this needed to be a big, federally-led effort with very clear guidelines laid down for everybody to know how to follow. And that wasn't what happened. It was more of that, "Well you'll know what's best for yourself and your neighbors," and whatever, which a nice thought, but like, I'm not expert.

Justin: It's applicable to some things—

Sydnee: I'm not an expert in this. And I guarantee, like, there are a lot of people who are looking to the CDC and the federal to say, like, help us figure out how to do this, and the answer, "Well, you guys can, you can do this for yourself. You can figure it out." That's not very helpful.

Justin: Also, the person at the absolute top of the government is extremely preoccupied throwing a temper tantrum and cannot be bothered to provide any leadership.

Sydnee: Well, I think the transition of government right now is another big problem, because it feels like the outgoing administration has kind of stopped.

Justin: We shoulda just stuck with what we had!

Sydnee: [laughs]

Justin: You don't change a horse mid-streak, you know?

Sydnee: I'm not saying that. But—

Justin: I agree, Sydnee! I'm with you.

Sydnee: I didn't say that. What else can you do? You can follow your local health department and government officials and keep yourself up to date, and this also, like I said, you can help look out for vulnerable people around you who may not have access to this, whether because they just don't understand the technology or because they don't, you know, think about people in your community.

I help care of people in our community who are facing homelessness, and they don't necessarily have regular access to, you know, technology, social media, TV, wherever we're getting this information, and I can help keep them informed if I'm informed.

If you have a primary care physician, this is a good time to, like, make contact with them. They're probably not gonna know right now what the plan is, so if they say that, that's normal. A lot of, uh, medical providers are not gonna know exactly how this is gonna come down.

Justin: But they might. [laughs]

Sydnee: Well, but to ask, like, "Will we get a letter or a text or an email from the office, or is it something we should be enquiring about on our own?" I imagine bigger healthcare systems will probably, sort of like we do with a lot of things, will send out a little reminder to you, like, "Hey, we scanned all your charts, we can do that through the electronic medical record, and we see that you have these qualifying diagnoses," or, "because you're at this age, you can come get your COVID vaccine now."

And I don't think the office will have it, it'll probably be at the local pharmacy, I believe is the plan, but you do need to get an order for it from your physician. So, these kinds of things might happen. Or maybe it will be done as a drive-through at your local health department. That may be the way they decide to do it. It's gonna be different state to state, county to county... [laughs] person to person.

So, having some contact with whoever takes care of you and would know that you qualify for the vaccine for whatever reason, is a good idea. Checking with your state DHHR website, the Department of Health and Human Resource website. I check ours – this is not an exaggeration – at least daily.

Justin: Oh, Syd does it more than that.

Sydnee: At least. Well, I said at least daily.

Justin: I always know, because no matter where I am in the house, I can hear [loud, long sigh] [laughs]

Sydnee: My phone actually alerts me if it's 10am and I haven't checked— that's when our DHHR website updates the COVID cases.

Justin: "Sydnee, are you alive? You haven't checked the DHHR website yet."

Sydnee: I would recommend you check yours, because your state's vaccine rollout plan should be there. I mean, you should have one, and it should be accessible. Ours, I can watch the video of it or I can look at the slides myself, and it's a version— ours is a version of what the CDC put forth, but with tweaking, and that's probably what yours is, too. But you can go check there.

Also, ask your employer. If you are in a business where, like, you're considered an essential worker, or a frontline worker, and you believe based on the guidelines that you should be vaccinated early, before kind of the general public, um, check with your employer and find out, like, is there a list I need to be on or anything like that? Do we know?

It doesn't hurt, because I don't know how these businesses are in each state getting it. And there are a lot of essential workers who need to be vaccinated, and I know we even got an email from a listener who talked about there was a standby list at their workplace. So, if you were like, they were trying to start with the workers who were at highest risk, so again, age, other co-morbidities, that kind of thing, but you could put your name on a standby list so that if they got to the end of a vial and they didn't have anybody left to give the doses to, but they'd already opened it, so they had to use them, they can go down the standby list and call people and say, "Hey, if you can get here right now, I can give you the vaccine."

I think that phone calls from people saying, "If you can get here, I can get you the vaccine," are going to happen a lot.

Justin: More than you are comfortable with, dear listener. [laughs]

Sydnee: And so, like, making sure that you've checked with your employer and that your name is on that list, if it exists, I'm not saying it does everywhere 'cause this is different everywhere, but these are just some things that you can do. Some avenues you can check. To make sure

that you're staying up to date. If you are somebody who should receive the vaccine, you know, before it's going to be widely available. Because at some point, the plan is that anybody who wants it can just go to the pharmacy and get it, just like you do a flu shot.

Justin: Mm hmm.

Sydnee: That is the plan. And if you are someone who doesn't fall into any of these high risk categories either based on your own health status, your age, or because of your exposure risk, because of your job, you know, that kinda thing, you might just have to wait til then. Until it's widely available.

But if you are a person in any of the categories, I would at least be looking out and advocating for yourself. Which is true in all of healthcare, right? It's important to be your own advocate. It would be a great system if we just had everybody, like, age and all this ranked and we could just send out messages, text messages, emails, physical letters, whatever, and say now it's your turn, come get your vaccine. That was not put in place ahead of time.

Justin: Um, you know I've been thinking of other stuff you can do in the interim, is, uh, trying to reduce vaccine hesitancy in your area, amongst your friends and family. If you have older relatives, like, reaching out to them. Because one— three things. One, it's better for them to be vaccinated because you love them and you want them to be safe. Two, it's better for our society, the more people are vaccinated. Three, your area will get more vaccines, or won't get less vaccines, technically speaking—

Sydnee: Yeah, they won't decrease your allotment.

Justin: They won't decrease your allotment if these people are using the vaccine. So like, if you have people in your life that are hesitant, reinforce with them that it's like, safe and effective. And I think there's been a lot of pushes to like, post pictures of yourself getting the vaccine. I actually think that's really helpful, because people can see that. And I think the more we normalize it, the more people that get it, um, I think the better off that we're gonna be.

I don't know the best place to like, point people in terms of resources. I know immunize.org is the Immunization Action Coalition. They've got tons of resources there you can read up on. But...

Sydnee: I mean, the other thing is the CDC.

Justin: Yep.

Sydnee: I mean, a lot of people asked me where I got a lot of information about the COVID vaccine. Most of the stuff, when it comes to the vaccine and the plan and all this stuff is easily discoverable at CDC.gov. They have plenty of resources that are made for everybody. They do have stuff targeted for, like, healthcare professionals, but they have plenty of information on there that is easy to understand, easy to follow, it's not written in technical jargon. And answers like, exactly, like, they will walk you through what to expect when you go to get your vaccine.

Justin: Yeah.

Sydnee: What happens before, during, when you get your vaccine, they're gonna give you a little card that tells you when to come back and proves that you got your first vaccine and that kinda thing, and what to expect after, what side effects are common, when to be concerned about those kinds of things. It's all on there. And all the reasons, the most, like, the most frequent concerns are all addressed there in really easy to understand language, you know, about why, as we talked about in the last episode, the mRNA vaccines are not changing your DNA. That's just not how they work. That's not what they do. So, you don't need to worry about that. I have worked— another thing to do if you are somebody in the healthcare field...

Justin: Steal a lot of vaccines.

Sydnee: No, don't.

Justin: Okay.

Sydnee: [laughs]

Justin: Don't. Don't! But if you do— if you are in the healthcare field and work at Dippin' Dots, you could make yourself a little mobile vaccination cart.

Sydnee: [laughs]

Justin: A thousand dollars a pop, bing, bang, boom, no problem.

Sydnee: No, please don't do that.

Justin: Easy money.

Sydnee: But one— I have said before on the show, I work with Harmony House, which does outreach to our community facing homelessness, and there were a lot of questions among the staff, who was able to get vaccinated, about like, concerns and things they weren't sure about. And so, I wrote up a quick little document with some FAQs and some of my answers to them and like, how to think about it.

And that's something you can do in your community. You can be helpful, like, I literally said, "Please give my phone number and email address to everybody who works there and they can call me with their questions and I'll talk them through it." Right now, if you are someone within the healthcare field and you have sort of an understanding of this terminology already, you speak this language, this is your chance to help your community.

This is your chance to be a leader and to reach out and say, "Hey, if you have a question, just call me." I mean, that's really, for a lot of people, that's all it takes. Most of the people who are hesitant about the COVID vaccine aren't like, hardcore anti-vax, not gonna take any vaccine, people. They're just nervous because it seemed fast. And I under— as we've talked about, I understand it seemed fast. It wasn't. [laughs] For some of us, it seemed very slow. [laughs]

Justin: It was— it was rapid.

Sydnee: Yes.

Justin: It wasn't quick.

Sydnee: And I think that just talking through, as we have on the show before, those kinds of things, will ease a lot of fears and encourage a lot more people to go get the vaccines. And the sooner— every vaccine is a win. That's the way I look at it. No matter who's getting these vaccines, every vaccine is a win because you can't achieve herd immunity without a

vaccine, but you can with one. Or two. Or three. And hopefully, more will get approved.

Justin: I think we're gonna need— baby, I think we're gonna need millions. I don't think one or two or three is gonna do it. I think... millions of people will need to get vaccinated before we can achieve herd immunity.

Sydnee: Uh— I would also, I know that the thing that happened in West Virginia made national news.

Justin: I'm gonna give you 30 seconds to talk about it, cause it depresses me too much.

Sydnee: [laughs] Um... so, one of the health departments, one of the county level health departments in West Virginia received vaccine and, uh, some of the Regeneron monoclonal antibody treatment. And apparently got the two mixed up. And administered 42 shots of the monoclonal antibody as opposed to 42 Moderna vaccines before they realized what had happened.

Justin: Oh no...

Sydnee: The good news is, those people should be absolutely fine. That is not— that should not be dangerous to them. So, that is the good news. Thank goodness. That would be absolute worst-case scenario, if it was harmful. But the bad news is, um, on a personal level for them, once you've received monoclonal antibody treatments, you cannot receive a vaccine for 90 days. That's the recommendation, so that it will be effective.

Justin: Right.

Sydnee: So, that puts, unfortunately, those people further out from getting vaccines. Um, and then, two, well, we wasted all those monoclonal antibodies.

Justin: And they're expensive. [laughs]

Sydnee: Which are expensive and in short supply.

Justin: Yeah.

Sydnee: And then, three, I think the other thing is when stories like that make it to a national level and everybody becomes aware of them... [sighs] it just, it makes more people hesitant. It makes more people, you know, afraid. And I would urge you, please, please know this. That is such a wildly unlikely thing to happen. There are so many things put in place to ensure that that doesn't happen. I can't fathom that— it's hard for me to believe it even happened once.

Justin: This is my logic. It's actually better that it did happen, because that makes it so less likely that it'll happen again to you. Think about it that way. I like that kinda logic.

Sydnee: I just— please, if people are talking about this. This is so— I mean, everybody I've talked to in the healthcare profession, and if you are, you know this, the idea that this could happen is so unlikely. There are so many safeguards in place. This is a... one in a trillion, freak accident. And I hate that it happened, it is obviously awful on many levels, but like, this is not gonna be the norm. This is not what's happening.

Justin: Speaking of things not being the norm, I wanted to say one other thing before we —this is like, too dire, but I wanted to get— tell me if I'm— this is what I feel. I know that it seems so frigging desperate and terrible, like, this idea that this is how this is working. Like, or not working, more accurately. But I do believe this. I do believe that adults are coming. Grown-ups are coming, beginning January 20th and beyond. I feel like... uh, we are going to have more adults in the room that are going to make this work better.

Sydnee: Mm hmm.

Justin: And I think that they're going to be better about messaging, I think it's going to be better about distribution and logistics, and I think that we'll have a functional government in the nation again, which will be great. But I do think it will be better. But I think right now this is what— you have to [laughs] get a little active.

Sydnee: I think just empower yourself and those around you to have the information and the knowledge that these vaccines are safe and effective and vitally important, not just for your own safety, but for the safety of everyone around you who hasn't gotten it, can't get it, all the kids who

are not eligible for vaccines yet, anybody who can't get these vaccines for any reason.

It is vital that everybody who can and is offered a vaccine, please get it. And then I think, again, to kind of advocate for yourself if you're someone who should be in one of the first tiers of getting the vaccine. And you can check the CDC guidelines to see what they recommended as to who should get these first, if you are somebody who fits those categories, to know how to advocate for yourself, keep yourself aware and informed, so you can get it as soon as its there. Um, and to look out for those around you who need it. You know, I mean, we did a good job in this state anyway, of taking care of our vulnerable, elderly population in nursing facilities, but we didn't really have a plan in place for everybody else. And so, that's one thing that you can help do. And advocate for people.

Justin: Also, keep in mind that, on a human level, keep in mind that like, as we've said already, this is beyond unprecedented. I mean, it is... a completely unique challenge, and with the exception of very few people, I think everyone is just like, trying to do their best to figure it out. Like, the people that you're going to interact with are almost certainly not responsible for this as much of a mess as it is.

Sydnee: Oh yeah.

Justin: And will just be like, doing their best. Like, everybody, I feel like, is just— not everybody, cause there are definitely some people at the higher, upper echelons that are not making good choices. But like, I think that those effects are just trickling down to all these people on sorta the front lines of this that are being saddled with— there is, like, no plan and they are being forced to cobble one together, you know, build the plane as its landing, kinda deal.

Sydnee: Yeah. I think that's a good point to make. When I say, you know, enquire and advocate for yourself, I do not mean please call your local health department and chew somebody out if they don't have answers. [laughs] Please don't do that. That's— a lot of people just don't know right now, you know?

I know my parents own and run a small business that does, like, health information, technical support stuff, which puts their workers, who go in and out of hospitals and healthcare facilities all day every day, at a higher tier to receive the vaccine. And one of the things they've been trying to

figure out is what do we do as business owners for our employees? How do we get them on the list of essential workers?

Justin: Yeah.

Sydnee: And as they've been calling around to try to figure that out, it's very clear that no one has that exact answer right now. But when you call and ask [laughs] nicely, you start to get that sort of sense at these organizations, like, "We need to come up with a plan. We do need to. We don't have something in place and there's gonna be more businesses calling." And you can be part of helping things along, not just yell—please don't. I don't wanna unleash all of us as Karens on people right now.

Justin: Yeah.

Sydnee: That is not my goal.

Justin: Caring, not Karens. That's what I think. That's my new slogan for 2021.

Sydnee: We all can be part of this together. We can all work together to get the vaccine when it's offered to us, encourage others to do so, help people stay aware, ease fears. This is gonna have to be an effort that everybody is part of.

Justin: Including me. Maybe most importantly, me.

Sydnee: You think most importantly, you?

Justin: I hadn't even thought of it that way, Syd, thank you for saying that.

Sydnee: [laughs]

Justin: I think that I do play a key role in this and I'm happy to be, you know, doing my duty. Thank you so much for listening to our program. We hope you have enjoyed it. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. If you have enjoyed it, you can find their music on Bandcamp. If you'd like to, uh, listen to more tracks, buy their stuff, why wouldn't you?

Sydnee: If you have been offered the vaccine and you're taken it, thank you.

Justin: Yes.

Sydnee: Thank you for getting vaccinated. Every vaccine is a triumph right now. That's just one step closer. We all are, is the way I look at it. And make sure you remember you're not immune until six weeks after. [laughs] After your second dose.

Justin: Also, I wanted to say, this is our first episode since the release of the Sawbones paperback edition. The Sawbones Book paperback went on sale on Tuesday. If you wanna pick up a copy, that would be so cool of you. If you go to bit.ly/sawbonespaperback it is sold out some places, but you can still find it in others. So, please track a copy down. Hopefully you will buy that and enjoy it. We're very proud of it. Bit.ly/sawbonespaperback. Please check it out.

Sydnee: And keep wearing your mask. Keep washing your hands. Keep distancing. All that stuff is still essential, even if you've been vaccinated. Nothing changes yet.

Justin: Yep.

Sydnee: Nothing changes yet. Yet.

Justin: [laughs]

Sydnee: Yet.

Justin: That's gonna do it for us, folks. So, until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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